

LEAVE REQUEST

Instructions: Please try to request leave as far in advance of your absence as possible. If unable to request leave prior to a necessary absence, please notify your Department Chairperson or Director and request leave by this form immediately upon return to work. If a duplicate copy of this form is sent, a copy will be returned to you showing current leave balance.

Employee \_\_\_\_\_ Dept. \_\_\_\_\_  
\_\_\_\_\_ Staff Immediate Supervisor \_\_\_\_\_

I request \_\_\_\_\_ day(s) leave for the period

Beginning \_\_\_\_\_  
Hour Month Day Year

Ending \_\_\_\_\_  
Hour Month Day Year

Charge Leave To:

\_\_\_\_\_ Annual \_\_\_\_\_ Sick \_\_\_\_\_ Military \_\_\_\_\_ Court \_\_\_\_\_ Without Pay \_\_\_\_\_ Other (explain)

Purpose \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approval

Leave request approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature & Title

Dept. Chairperson/Head \_\_\_\_\_ Date \_\_\_\_\_  
Signature & Title

(To be completed by Personnel Office)

Balance of Leave

\_\_\_\_\_ Posted By \_\_\_\_\_ Annual \_\_\_\_\_  
\_\_\_\_\_ Cancelled Date \_\_\_\_\_ Sick \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_